

**STATE OF CALIFORNIA
WORK AND FAMILY PROGRAM
CASE MANAGEMENT AND REFERRAL PROGRAM**

JULY 1, 2002 TO JUNE 30, 2004

**OPTIONAL SERVICES
BID COST PROPOSAL**

Name of Bidder (company, organization)

Name of Authorized Representative

Title

Signature of Authorized Representative

Date

Per employee rates to provide the enhanced case management and referral services as described on page 16, Optional Services of the RFP.

\$ _____ per California State employee for OPTIONAL services

Rate guaranteed for the duration of this contract.

These rates **must** also include the costs of: providing the initial assessment, establishing a case, and performing case management duties; providing viable referrals for services, system, and administrative requirements including, but not limited to, maintenance of a toll-free number; developing, printing, and mailing all communication materials (including mailing costs); printing and mailing employee brochures; informational materials for California State employees on care issues; customer evaluations; providing support for State-produced communication materials; automated data processing system to address all measurement needs; speakers for quarterly and yearly forums; and developing mandated reports.

Are you claiming preference as a small business () Yes () No

If "yes," attach your OSMB small business certification approval letter.